



## Gallatin City-County Health Department

### Human Services

12 N. 3<sup>rd</sup> Ave  
Bozeman, MT 59715  
406-582-3100 • FAX 406-582-3112

### Environmental Health Services

311 West Main, Room 108  
Bozeman, MT 59715  
406-582-3120 • FAX 406-582-3128

## ATTENTION

Chapter 3 of the Gallatin City-County Health Code, Section 3.6 (effective June 27, 2004) states:

"To protect the property owner's interest, proof of compliance or the ability to comply with other agencies, districts, or other governmental entities bylaws, ordinances, zoning laws, rules or regulations, may be required when deemed necessary by EHS."

**Therefore**, all applicants must obtain the signature of the Gallatin County Planning Department to complete the On-Site Wastewater Treatment System Application and Permit to Construct. **Environmental Health Services will not accept an application without this completed form.**

Property Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City/State Zip

Applicant and Business \_\_\_\_\_

Address of Site \_\_\_\_\_ COS # \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot/Tract/Parcel \_\_\_\_\_ Block \_\_\_\_\_

Legal Description: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Property Owner/Authorized Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

### Planning Department Use Only

By signing below, the Gallatin County Planning Department representative acknowledges the property owner or authorized agent discussed this septic application with the Planning Department.

County Zoning District: Yes / No Name of District: \_\_\_\_\_

Comments: \_\_\_\_\_

Gallatin County Planning Department Representative \_\_\_\_\_ Date \_\_\_\_\_